PTO/SB/17 (10-07)
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FEE TRANSMITTAL FOR FY 2008  Applicant claims small entity status. See 37 CFR 1.27  TOTAL AMOUNT OF PAYMENT  (6) 810.00  Attorney Docket No. 2870-0319PUS1  METHOD OF PAYMENT (check all that apply)  Check Credit Card Money Order None Other (please identify):  Deposit Account Deposit Account Number 02-2448  Deposit Account Deposit Account Number 02-2448  Charge fee(s) Indicated below Charge fee(s) Indicated below Number 02-2448  Charge fee(s) Indicated below Number 02-2448  Charge fee(s) Indicated below Number 02-2448  Deposit Account Num	Effective on 12/08/	Complete if Known						
FOR FY 2008    First Named Inventor   Hidde TASHIRO			Application Number		10/560,584-Conf. #6678			
FOR FY 2008    First Named Inventor   Hidde TASHIRO	FEE TRANSMITTAL							
Application Type  Fee CALCULATION  1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES Small Entity 1. Basic Filing 10 105 100 50 130 65 Plant 210 105 310 155 510 255 210 105 Plant 210 105 310 155 510 255 620 310 Plant 210 105 310 155 510 255 620 310 Plant 210 105 310 155 510 255 620 310 Provisional 210 105 30 155 510 255 620 310 Provisional 210 105 105 50 0 0 0 0 Provisional 210 105 105 50 0 0 0 0 0 Provisional 210 105 105 50 0 0 0 0 0 0 0 0 0 0 0 0 0			First Named Inventor Hideo TA		Hideo TASHIR	.0		
METHOD OF PAYMENT (check all that apply)	F01 F1 2006		Examiner Name A. Y. Lan		A. Y. Lam			
Check   Credit Card   Money Order   None   Other (please identify):	Applicant claims small entity status. See 37 CFR 1.27		7 III OTIII					
Check Credit Card Money Order Oberosit Account Name Deposit Account Deposit Account Name Depo	TOTAL AMOUNT OF PAYMENT	Attorney Docket No. 2870-0319PUS			S1 			
Reposit Account   Deposit Account Number:       02-2448   Deposit Account Name:   Birch, Stewart, Kolasch & Birch, For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	METHOD OF PAYMENT (check all that apply)							
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)    X   Charge fee(s) indicated below   Charge fee(s) indicated below, except for the filing fee   Charge fee(s) indicated below, except for the filing fee   X   Charge fee(s) indicated below, except for the filing fee   X   Charge fee(s) indicated below, except for the filing fee   X   Charge fee(s) indicated below, except for the filing fee   X   Credit any overpayments								
Charge fee(s) indicated below    Charge fee(s) indicated below, except for the filling fee	x Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch,							
X   Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17   X   Credit any overpayments   X   Credit any and any and any and any and any	For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
Tee(s) under 37 CFR 1.16 and 1.17   Tee(s) under 37 CFR 1.16 and 1.17	x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee							
Application Type	fee(s) under 37 CFR 1.16 and 1.17							
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Application Type	FiL			EXAMI				
Design   210   105   100   50   130   65	Application Type Fee (\$)			Fee (\$)		Fees I	Paid (\$)	
Plant	Utility 310	155 510	255	210	105			
Reissue 310 155 510 255 620 310  Provisional 210 105 0 0 0 0 0 0  2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues)  Multiple dependent claim over 3 (including Reissues)  Multiple dependent claims  Total Claims Extra Claims Fee (\$) Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20.  Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$2.60 (\$1.30 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)  Fees Paid (\$)  Fees Paid (\$)  Fees Paid (\$)  A.OTHER FEE(S)  Registration No. (Altomey/Agent)	Design 210	105 100	50	130	65			
Provisional   210   105   0   0   0   0   0	Plant 210	105 310	155	160	80			
Small Entity   Fee   Description   Each claim over 20 (including Reissues)   50   25   25   25   26   26   26   26   26	Reissue 310	155 510	255	620	310			
Fee Description  Each claim over 20 (including Reissues)  Each independent claim over 3 (including Reissues)  Multiple dependent claims  Total Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20.  Independent claims  Extra Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Sheets of fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Fee Paid (\$)  Fee Pai	Provisional 210	105 0	0	0	0			
Each claim over 20 (including Reissues)  Each independent claim over 3 (including Reissues)  Multiple dependent claims  Total Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Multiple Dependent Claims  Fee (\$)  Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20.  Indep. Claims  Extra Claims  Fee (\$)  Fee Paid (\$)	2. EXCESS CLAIM FEES						Small Entity	
Each independent claims over 3 (including Reissues)  Multiple dependent claims  Total Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20.  Indep. Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  HP = highest number of independent claims paid for, if greater than 3.  3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  Fee (\$)  Fee Paid (\$)  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  Fee (\$)  Fee Paid (\$)  Non-English Specification, \$130 fee (no small entity discount)  Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 810.00	Fee Description					Fee (\$)	Fee (\$)	
Multiple dependent claims  Total Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Multiple Dependent Claims  Fee (\$)  Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20.  Indep. Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Substituting sunder 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  Fee (\$)  Fee Paid (\$)  Fees Paid (\$)  Non-English Specification, \$130 fee (no small entity discount)  Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 810.00  SUBMITTED BY  Registration No. (Attorney/Agent) 36,623 Telephone (858) 356-5959						50	25	
Total Claims    Extra Claims   Fee (\$)   Fee Paid (\$)   Multiple Dependent Claims	•							
HP = highest number of total claims paid for, if greater than 20.    Indep. Claims							185	
Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)  = x =   HP = highest number of independent claims paid for, if greater than 3.  3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)  -100 = /50 = (round up to a whole number) x  4. OTHER FEE(S)  Non-English Specification, \$130 fee (no small entity discount)  Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 810.00	Total Claims Extra Claims	Paid (\$)						
Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)			<del></del>	<u> </u>	<u>ee (\$)                                  </u>	ee Paid (\$	1	
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Non-English Specification, \$130 fee (no small entity discount)  Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 810.00  SUBMITTED BY  Signature  Registration No. (Attorney/Agent) 36,623 Telephone (858) 356-5959								
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Registration No. (Attorney/Agent) 36,623 Telephone (858) 356-5959	Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 810.00							
(Attorney/Agent) 30,023 Telephrone (838) 336-3939	SUBMITTED BY							
	Signature ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	.00		36,623	Telephone	(858) 356	3-5959	
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